

# STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: TARA G. REARDON Work Phone No. 228-9330  
First Middle Last

Work Address: 124 EAST SIDE DR CONCORD NH 03301

Office/Appointment/Employment held: Representative

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

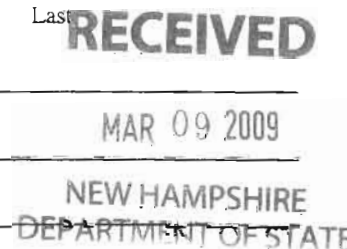
## Source of Honorarium or Expense Reimbursement:

Name of source: \_\_\_\_\_  
First Middle Last

Post Office Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Principal Place of Business: \_\_\_\_\_



## If source is a Corporation or other Entity:

Name of Corporation or Entity: NH Motor Transport

Name of Corporate/Entity Representative: Robert Souilly

Work Address of Representative: 19 Henniker St, Concord NH 03301

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00 ☐

Value of Honorarium: \_\_\_\_\_ Date Received: \_\_\_\_\_ If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. ☐ Exact ☐ Estimate

Value of Expense Reimbursement: 1824<sup>30</sup> Date Received: 3/21-25 A copy of the agenda or an equivalent document must be attached to this filing. ☒ Exact ☐ Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

Attendance @ NH Motor Transport Meeting and Presentation of Healthcare Tax in NH

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

[Signature]  
Signature of Filer

3/9/09  
Date Filed

9/07  
RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

# KEY WEST

## SEVENTH WINTER CONFERENCE (Proposed) FEBRUARY 22 – 25, 2009

SCHEDULE:	Feb 22(Sunday)	Feb 23(Monday)	Feb 24(Tuesday)	Feb 25(Wednesday)
8:30-11 AM (Continental Breakfast served Monday – Wednesday)	Morning Conference: Sponsored by Northeast Delta Dental <u>NH Representative Tara Reardon</u> , Chairman, House Commerce Committee – her committee overseas issues such as healthcare, life settlements, Healthy Kids and Healthfirst plan.	Morning Conference: Sponsored by Midwest Casualty Company <u>MidWest , Paul Houska</u> will be discussing reinsurance issues and how it impacts transportation.	Morning Conference: <u>Jim Sievert, Director Loss Control and Audit, Acadia Insurance</u> , Jim will be discussing insurance and the trucking industry.	Morning Conference: <u>Wayne Peasley, Peasley Safety Consulting LLC</u> will be discussing driver training and its importance during audits and reviews and other company reviews.
1 – 5 PM	Afternoon- On Own	Afternoon- On Own	Afternoon: On Own	Afternoon---- On Own
	(5-7 PM) Reception The Beach @The Reach Resort			
EVENING	Sponsored by Great West Casualty Company	7:00 – 9:00PM Dinner at Michael's	Stargazing Cruise: 7-9 PM Schooner Western Union	